

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 6, 1990

**ALL COUNTY LETTER NO. 90-73**

**TO: ALL COUNTY WELFARE DIRECTORS**

**SUBJECT: APPLICATION FOR FOOD STAMPS-PART 1 (7/90) (DFA 285-A1)**

**REFERENCE: ALL COUNTY INFORMATION NOTICE (ACIN) I-37-90, DATED MAY 31, 1990**

This letter transmits an advance copy of the Application for Food Stamps - Part 1 (DFA 285-A1) (7/90) and provides the County Welfare Departments (CWDs) with form-related information. Attachment 1 provides an outline of the specific changes to the DFA 285-A1 (7/90) and Attachment 2 provides forms instructions for the eligibility worker. The major changes to the form were outlined in ACIN I-37-90.

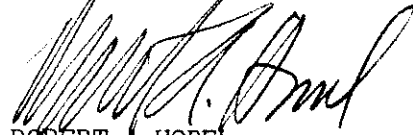
Ordering of Stock

A camera-ready copy of the English version of the DFA 285-A1 (7/90) is available now; the Spanish version is expected to be available by the end of August. CWDs may order a reproducible copy of the English or Spanish versions by calling the Forms Management Unit at (916) 322-8738 or ATSS 492-8738. State produced stock of the English version is expected to be available by mid-October. Reproducible copies of the Vietnamese, Chinese, Lao and Cambodian translations will be forwarded by the Language Services Bureau when available.

Implementation Issues

- o CWDs may continue to use stock of the DFA 285-A1 (7/88) until stock of the DFA 285-A1 (7/90) can be locally reproduced or stock can be obtained from the State Department of Social Services (SDSS) Warehouse.
- o The DFA 285-A1 (7/90) has been revised to include the new Asian/Pacific Islander designations required by the recent Civil Rights Legislation. See All County Letter No. 90-24, Dated March 1, 1990. Item 8 supersedes Item 28 on the DFA 285-A2, Application for Food Stamps - Part 2 and negates the development of a TEMP form. These civil rights questions will be deleted at the next revision of the DFA 285-A2, as discussed in ACIN I-37-90.

If you have any questions regarding this letter or the attachments, please contact Elizabeth Allred, Food Stamp Forms Coordinator, AFDC and Food Stamp Policy Implementation Bureau, at (916) 323-4954 or ATSS 473-4954.



ROBERT A HOREL  
Deputy Director

Attachments

cc: CWDA

## OUTLINE OF CHANGES TO THE DFA 285-A1

### FRONT PAGE

1. Instructions - The narratives for Steps 1 and 2 have been streamlined and language simplified.
2. Food Stamp Expedited Service - The narrative explaining the requirements for Expedited Service (ES) has been relocated from Section B to Section A. The first line has been revised from "You can ask to get your first month's benefits..." to "You have the right to get food stamps within three days."
3. Above Section A - Narrative has been added that reads "Before you complete Sections A and B, read the back page."
4. Prior Item 6 - the room and board question has been deleted.
5. Items 3 and 4 - The home and mailing address boxes have been stacked in a side-by-side format. This was done at the request of CWDs because applicants often did not provide the city or zip code under the prior format.
6. Item 5 - The narrative for the homeless question, which parallels the narrative on the SAWS 1 (4/90), now reads "If no home, tell us where you live."
7. Item 6 - This section has been revised to obtain both a home and day phone number.
8. Item 7 - This question regarding seasonal and migrant farmworkers, has been relocated from Section B to Section A. This placement parallels the format of the SAWS 1.
9. Item 8 - The Ethnic Group and Primary Language question has been added.
10. Item 9 - The signature blocks have been relocated to the last item in Section A from the last item in Section B.
11. Items 10 and 11 - The narrative for the income and liquid resource questions has been revised to add "including children." The JA 2 (6/90) was revised to include this narrative at the request of several Counties. This change will also be included in the next revision of the SAWS 1.
12. Section B now reads "Complete All Questions If You Need Food Stamp Expedited Service."
13. The white space at the bottom of the form may be used either by the applicant or by the County worker.

#### BACK PAGE

1. The first column provides a vocabulary section titled "What We Mean When We Say." Wording and format is similar to the SAWS 1.
2. The second column provides the applicant/recipient with regulatory information.
3. The Social Security Number/IEVS statement has been reformatted and relocated from the bottom of the first page to the second page. Additionally, narrative has been added: "You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits."
4. A Complaints and State Hearings section has been added. The narrative, which has been adapted from the CA 1, will also be included on the SAWS 1 Coversheet.

#### COUNTY USE ONLY

1. Type of Application - A check box for "Recert" was added. Also, "Retro" was revised to "Restoration" (of Back Benefits).
2. The narrative and space for recording "Ethnic Group and Primary Language" coding was added.
3. The format for Section B, which is used to record screening activities for Expedited Service, was revised because of concerns raised by CWDs and IRIS reviewers.
4. The signature and the date for person logging in the form was eliminated.
5. The narrative and check boxes for "ES Processing or Regular Processing" were added to clarify type of processing referral made for each case.

Form Instructions  
(for the Eligibility Worker)

**APPLICATION FOR FOOD STAMPS - PART 1**

- o The DFA 285-A1 (7/90) is now a front-to-back form, with the required narrative and applicant data elements on the front page and explanatory information on the back page.
- o The DFA 285-A1 may at County option be used to initiate an application for restoration of benefits.
- o The CWD shall assist an applicant, upon request, in filling out forms and completing the application process.
- o The County Use Only section is recommended only. CWDs may overlay, rearrange, or revise as administratively necessary without prior SDSS approval.

NOTE: A County worker or volunteer shall inform potential applicants **orally** of the following information:

- o the right to expedited service for entitled households;
- o how to initiate the process for expedited service;
- o the availability of assistance in filling out the application.

Preparation of DFA 285-A1:

Manual Sections: 63-300.1, 63-300.22, 63-300.24, 63-300.3, 63-401, 63-404

**Filed Application**

A Food Stamp application is considered filed when it is received by the appropriate CWD office with the following information:

- o Name of head of household (Item 1);
- o Home address, unless homeless (Items 3, 4 and 5); and
- o Signature of head of household, household member, or authorized representative (Item 9).

NOTE: The application shall not be delayed or denied because the applicant:

- o does not provide a Social Security Number (Item 2) or a telephone number (Item 6) at the same time the DFA 285-A1 is filed.
- o has no fixed mailing address, is homeless, or is in temporary housing (Items 3, 4 and 5).

## Screening for Expedited Service

Manual Sections: 63-300.1, 63-300.21, 63-301.5, 63-503.43

The CWD is required to screen all DFA 285-A1s for entitlement for Expedited Service (ES) processing. In order to make a correct determination of entitlement, the County shall review the DFA 285-A1 and refer for ES processing, if the applicant has indicated:

- 
- o No address or "no place" or "none" etc. in Item 3 AND/OR "No" or "No Home" to Item 5.
- 

OR

- o No more than \$100 in Item 10 AND no more than \$150 in Item 11
- 

OR

- o Shelter costs (Items 13+14) that are MORE than income and resources (Items 10+11)
- 

OR

- o No more than \$100 in Item 10 AND "Yes" to Item 7.
- 

NOTE: The applicant must be given the benefit of doubt on any response. Therefore, refer for ES processing if responses are "don't know," or they are illegible or unintelligible, or if you can't tell if the response meets one of the listed responses.

## County Use Only

- o When an application is received by the appropriate office, complete case identifying information as appropriate.
- o The date of receipt begins the 30-calendar-day period during which an eligible household must be given the opportunity to participate.
- o For ES screening, CWDs have the option of checking that Section B was not completed. If the application is screened for entitlement for ES processing, check the second check box under "Section B," date and initial the screening.
- o Check if the case is referred for ES or Regular processing.
- o If the application is referred for ES processing, the County may note whether the applicant prefers that the County mail or have available for pick-up the ATP, coupons, or other issuance device, if the application is approved.

# APPLICATION FOR FOOD STAMPS — PART 1 (DFA 285-A1)

**INSTRUCTIONS:** You can apply for food stamps at the welfare office at any time during business hours, even the first day you call or visit. If you are eligible, your benefits will be figured from the date you apply. You should be told if you are eligible within 30 days after you apply. To apply, give us your name and address and sign Section A, Item 9 on this page. Before we can tell you if you are eligible, you need to complete Part 2 of the application and be interviewed. You can turn in Part 2 with Part 1 or you can bring it to your interview.

- If you have trouble answering questions or getting any proof, a worker will help you.
- If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household.

## FOOD STAMP EXPEDITED SERVICE

You have the right to get food stamps within three days. Here's how:

Your household needs to be eligible for food stamps and have:

No place to live or be in temporary housing

OR

No more than \$100 liquid resources and less than \$150 income before deductions. (See other side of page for what we mean when we say income and liquid resources.)

OR

Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions.

OR

No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

If you need Food Stamps right away, complete Section B below. If we think you might be eligible to get your benefits within 3 days, you will also need to fill out Part 2 right away and give us proof of your identity. We'll tell you what other proof you need to show us.

## COUNTY USE ONLY

### TYPE OF APPLICATION

- ☐ New ☐ Recert  
☐ Restoration

Date Received:

Before you complete Sections A and B, read the back page.

## SECTION A

### APPLICANT INFORMATION

1. Name (First, Middle Initial, Last)		2. Social Security Number	
3. Home Address: (Number and Street)		4. Mailing Address (If Different) (Number and Street)	
City	Zip Code	City	Zip Code
5. Is Your Home Address Permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Home If no home, tell us where you live.			
6. Home Phone Number		7. Is anyone a migrant or seasonal farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility.			
a. Ethnic Group — <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____			
b. Primary Language <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify): _____			
9. Signature (Head of household, household member or authorized representative)		Date	
Witness, if you signed with an "X"		Date	

Homeless

☐ Yes ☐ No

Ethnic Group \_\_\_\_\_

Primary Language \_\_\_\_\_

## Section B

☐ Not completed  
☐ Screened for ES  
Date \_\_\_\_\_  
By \_\_\_\_\_  
(Initials)

Referred for:  
☐ ES Processing  
☐ Regular Processing

## SECTION B COMPLETE ALL QUESTIONS IF YOU NEED FOOD STAMP EXPEDITED SERVICE

10. How much total liquid resources does everyone, including children, have? \$ _____		13. How much is your mortgage or rent this month? \$ _____	
11. How much income did everyone, including children, get or will they get this month? \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____		14. How much are your utilities that are not included in this month's rent? \$ _____	
12. Has your household's only income stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. How many people who live in your home buy food and fix meals with you? (Include yourself.)	

Case name:

Number:

## WHAT WE MEAN WHEN WE SAY

**You, Anyone, Everyone** – any and all persons who live in your home and who are applying for food stamps. When we need information about the other people in your home, we will ask you.

**Your Household** – you and the people who eat with you.

**Food Stamps** – benefits for low income households to help buy food.

**Food Stamp Expedited Service** – food stamps available to you within three days.

**Income** – money received or expected, such as:

- earnings, welfare, child support, SSI or Social Security, or veterans payments
- pension or retirement payments
- Unemployment (UIB), State Disability (SDI) or other disability
- strike funds, payments from roomers, school grants and loans
- cash gifts, cash winnings, or any other cash payments

**Liquid Resources** – other money you have, such as:

- cash on hand, uncashed checks; money in checking accounts, savings accounts; or savings certificates; etc.
- trust deeds, notes receivable, stocks or bonds, etc.

**Utilities** – gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water sewage, etc.

**Cash Aid** – AFDC (Aid to Families with Dependent Children), and Refugee Assistance.

## OTHER THINGS YOU SHOULD KNOW:

- You can apply for food stamps and cash aid at the same time and have only one interview for both.
- You must report mail loss of your Food Stamps, Authorization to Participate (ATP), or issuance cards before the end of the month destroyed you should have gotten them. But if they were stolen or incident. destroyed you must report your loss within 10 days of the
- If you receive too many food stamps, even if it's the county's fault, you will have to pay them back and/or your benefits may be lowered or stopped.
- Your Social Security Number (SSN) will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.
- Providing your SSN is not required for Part 1. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits.

## COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write one of the following offices:

Los Angeles  
107 South Broadway, 90012  
Phone (213) 620-4385

Sacramento  
744 P Street, 95814  
Phone 1-(800) 952-5253 or  
for the deaf  
TDD 1-(800) 952-8349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within 90 days of the action and tell why you want one.